



Department of Veterans Affairs

CASUALTY REPORT

VA FIRE FIGHTER CASUALTY

FIRE INCIDENT NO.				REGION AND FACILITY NO.				REPORT 1 <input type="checkbox"/> DELETE 2 <input type="checkbox"/> CHANGE			
FA	CASUALTY NO.	INJURY OCCURRED	MONTH	DAY	YEAR	TIME OF INJURY					
FB	CASUALTY NAME (<i>Last, First, M.I.</i>)						TYPE OF CASUALTY				
FC	AGE	SEX	CASE SEVERITY	PRIMARY APPARENT SYMPTOM							
FD	PRIMARY PART OF BODY			PATIENT TAKEN TO							
FE	ASSIGNMENT		NO. OF RESPONSES PRIOR TO INJURY		PHYSICAL CONDITION		STATUS BEFORE ALARM				
FF	FIRE FIGHTER ACTIVITY				WHERE INJURY OCCURRED						
FG	CAUSE OF FIRE FIGHTER INJURY				MEDICAL CARE PROVIDED						
FH	PROTECTIVE COAT WORN			STATUS			TYPE PROBLEM				
FI	PROTECTIVE TROUSERS WORN			STATUS			TYPE PROBLEM				
FJ	BOOTS/SHOES WORN			STATUS			TYPE PROBLEM				
FK	HELMET WORN			STATUS			TYPE PROBLEM				
FL	FACE PROTECTION WORN				TYPE PROBLEM						
FM	BREATHING APPARATUS WORN			STATUS			TYPE PROBLEM				
FN	GLOVES WORN				TYPE PROBLEM						
FO	SPECIAL EQUIPMENT WORN			STATUS			TYPE PROBLEM				

PATIENT, EMPLOYEE OR VISITOR CASUALTY

FIRE INCIDENT NO.				REGION AND FACILITY NO.				CASUALTY NO.		REPORT 1 <input type="checkbox"/> DELETE 2 <input type="checkbox"/> CHANGE				
GA	CASUALTY NAME (<i>Last, First, M.I.</i>)								DATE OF BIRTH		MONTH	YEAR	AGE	TIME OF INJURY
GB	HOME ADDRESS									TELEPHONE NO.				
GC	SEX 1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE		CASUALTY TYPE 1 <input type="checkbox"/> FIRE CASUALTY 2 <input type="checkbox"/> ACTION CASUALTY 3 <input type="checkbox"/> EMS CASUALTY			SEVERITY 1 <input type="checkbox"/> INJURY 2 <input type="checkbox"/> DEATH		AFFILIATION 2 <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3 <input type="checkbox"/> CIVILIAN						
GD	FAMILIARITY WITH STRUCTURE				LOCATION AT IGNITION				CONDITION BEFORE INJURY					
GE	CONDITION PREVENTING ESCAPE				ACTIVITY AT TIME OF INJURY				CAUSE OF INJURY					
GF	NATURE OF INJURY				PART OF BODY INJURED				DISPOSITION					